DISABILITY BENEFITS LAW

STATE OF NEW YORK

EMPLOYER IDENTIFICATION CARD

For use by employee when filing a claim for Disability Benefits for off-the-job injury or sickness. DISABILITY BENEFITS HAVE BEEN PROVIDED BY:

Name_____

Address_____

_____

EMPLOYER U.I. NUMBER_____

BY INSURING WITH:_____

_____

_____

DB-125 (2-05)

KEEP THIS CARD

The information on this card is important if you file a claim for Disability Benefits while you are unemployed. If you become sick or disabled DURING the first four (4) weeks of unemployment, NOTIFY your LAST employer or it's carrier using Form DB-450. If you become sick or disabled AFTER the first four (4) weeks of unemployment, file your claim with the Workers' Compensation Board on Form DB-300. For additional information on Disability Benefits call or write the WORKERS' COMPENSATION BOARD Office at:

100 Broadway
Menands
ALBANY, NY 12241-0005
(800) 353-3092

DB-125 (2-05) Reverse ***www.wcb.state.ny.us***